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DATE: **February 21, 2007**

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FROM: **Mitchell K. McCarthy, Registration No. 38,794**

TO: **Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

ADDRESSEE/ORGANIZATION	FAX NUMBER	TELEPHONE NUMBER
Art Group 2133	(571) 273-8300	(571) 272-4100

RE: **Application No. 10/087,130  
In re application of Nikki M. Bruner and John E. Young  
Assignee: SEAGATE TECHNOLOGY LLC  
Dkt. No.: STL-10465**

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PATENT  
Practitioner's Docket No. STL10465

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Nikki M Bruner, John E Young  
 Assignee: SEAGATE TECHNOLOGY LLC  
 Application No.: 10/087,130 Group No.: 2133  
 Filed: 02/28/2002 Examiner: Torres, Joseph  
 For: EMULATION SYSTEM FOR EVALUATING DIGITAL DATA CHANNEL  
 CONFIGURATIONS

Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10

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 Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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## 37 C.F.R. § 1.8(a)

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## 37 C.F.R. § 1.10\*

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## TRANSMISSION

facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Shelley McCarthy  
 Signature

Date: 2/21/07

Shelley McCarthy  
 (type or print name of person certifying)

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. FEE
TOTAL 28	MINUS 28	= 0	x \$ 50.00 = \$ 0.00
INDEP 5	MINUS 5	= 0	x \$ 200.00 = \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		+ \$ 0.00	= \$ 0.00
		TOTAL ADDIT. FEE	\$ 0.00

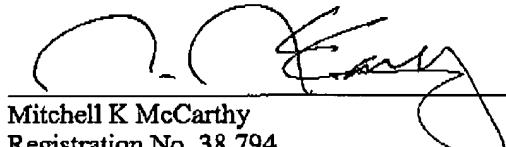
No additional fee for claims is required.

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-4124.

If any additional fee for claims is required, charge Account No. 50-4124.

Date: 2/21/2007

  
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